Duke, Daphne 251476

From: Boyd, Jocelyn

Sent: Monday, January 28, 2019 11:21 AM
To: Easterling, Deborah; Duke, Daphne
Subject: Fwd: Incident Report - Gaffney

Attachments: SC\_ORS\_2019-01-03\_Gaffney.pdf; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

**From:** "Berry, Farris L" < Farris.Berry@duke-energy.com >

**Date:** January 28, 2019 at 9:48:12 AM EST

To: "Johnny Eustace - SC Office of Regulatory Staff (jeustace@regstaff.sc.gov)"

<<u>ieustace@regstaff.sc.gov</u>>, Jocelyn Boyd <<u>iocelyn.boyd@psc.sc.gov</u>>

Cc: "Gaglio, Victor M" < Victor.Gaglio@duke-energy.com >, "Hebbeler, Gary J"

<Gary.Hebbeler@duke-energy.com>, "Petchul, Martin P" <Martin.Petchul@duke-energy.com>,

"Henderson, Milton J" < Milton. Henderson@duke-energy.com >

Subject: Incident Report - Gaffney

Mr. Eustace and Ms. Boyd,

Please find attached a copy of the incident report for an event that occurred in Gaffney, SC on January 3, 2019.

Thank you.

Farris Berry | Manager – Pipeline Safety | Piedmont Natural Gas 4720 Piedmont Row Drive | Charlotte, NC 28210 | ☎ Office: 704.731.4618 | ⋈ Farris.Berry@Duke-Energy.com

		THE MARKET STREET, TRANSPORT IS NOT TO MAKE MUMBERS AND ADDITION OF PRODUCTION OF THE PRODUCTION OF TH
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	INCIDENT REPORT – GAS DISTRIBUTION SYSTEM	Report Date 4/28/2019
		, (DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory.

Send comments legarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

## **INSTRUCTIONS**

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <a href="https://www.phmsa.dot.gov/forms/pipeline-forms">https://www.phmsa.dot.gov/forms/pipeline-forms</a>.

PART A S KEY REPORT INFORMATION Report Ty	(select all that apply) ☐ Original ☐ Supplemental ☑Final
Last Revision Date	
1. Operator's OPS-issued Operator Identification Number (Ol	); <u>15518</u>
Name of Operator: Piedmont Natural Gas	
3. Address of Operator:	
3.a 4720 Piedmont Row Drive	——————————————————————————————————————
(Street Address) 3.b Charlotte	
(City)	
3.c State: NC	
3.d Zip Code: <u>28210</u>	
4. Local time (24-hr clock) and date of the Incident:	National Response Center Report Number:
<u>09:27                                    </u>	<u> </u>
Hour Month Day Year	
5. Location of Incident:	7. Local time (24-hr clock) and date of initial telephonic report to the
5.a 413 West Rutledge Ave	National Response Center:
(Street Address or location description)	
5.b Gaffney	Hour Month Day Year 
(City)	
5.c Cherokee	
(County or Parish)	
5.d State: SC	
5.e Zip Code: <u>29341</u>	
5.f Latitude: <u>35.0705269</u>	
Longitude: -81.6585575	·
20191000. <u>-01.0000010</u>	

8. Incident resulted from:  ☑ Unintentional release of gas ☐ Intentional release of gas ☐ Reasons other than release of gas	
9. Gas released: (select only one, based on predominant volume release	ased)
☑ Natural Gas	·
☐ Propane Gas	
☐ Synthetic Gas	
☐ Hydrogen Gas	
☐ Landfill Gas	i
☐ Other Gas ➡ *Name:	
10. Estimated volume of gas released:	housand Cubic Feet (MCF)
11. Were there fatalities? ○ Yes ☑ No If Yes, specify the number in each category:	12. Were there injuries requiring inpatient hospitalization? O Yes 🗹 No
11.a Operator employees / / / / /	If Yes, specify the number in each category:
	12.a Operator employees <u>/ / / / /</u>
11.b Contractor employees working for the Operator	12.b Contractor employees working for the Operator <u>/ / / / / /</u>
11.c Non-Operator emergency responders <u>/ / / / /</u>	12.c Non-Operator emergency responders <u>/ / / / / /</u>
11.d Workers working on the right-of-way, but NOT	12.d Workers working on the right-of-way, but NOT
associated with this Operator / / / / /	associated with this Operator <u>/ / / / / /</u>
11.e General public <u>/ / / / /</u>	12.e General public <u>/ / / / /</u>
11.f Total fatalities (sum of above) / / / / /	12.f Total injuries (sum of above) / / / / /
13. Was the pipeline/facility shut down due to the incident?  O Yes ☑ No ➡ Explain:	
If Yes, complete Questions 13.a and 13.b: (use local time, 24-hr of	clock)
13.a Local time and date of shutdown / / / / / Hour	/ / / / / / / / / / / / / / / Month Day Year
13.b Local time pipeline/facility restarted /_/ / / /	
Hour	// / / / / / / O Still shut down*  Month Day Year (*Supplemental Report required)
14. Did the gas ignite? O Yes ☑ No	
15. Did the gas explode? O Yes 🗹 No	·
16. Number of general public evacuated: <u>0</u>	
17. Time sequence (use local time, 24-hour clock):	
17.a Local time operator identified failure 09:43	<u>01 03 19</u>
17.b Local time operator resources arrived on site  Hour 10:29 Hour	Month Day Year

BART B - ADDITIONAL LOCATION INFORMATION			
1. Was the Incident on Federal land? O Yes ☑ No			
2. Location of Incident: (select only one)			
☐ Operator-controlled property			
☑ Public property			
Private property			
☐ Utility Right-of-Way / Easement			
3. Area of Incident: (select only one)			
☑ Underground Specify: ☑ Under soil O Under a building O Under pavement O Exposed due to excavation O In underground enclosed space (e.g., vault) O Other			
Depth-of-Cover (in): <u>/ /, / / /</u>			
Aboveground Specify: O Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set) O Overhead crossing O In or spanning an open ditch O Inside a building O In other enclosed space O Other			
☐ Transition Area Specify: O Soil/air interface O Wall sleeve O Pipe support or other close contact area O Other			
4. Did Incident occur in a crossing? Yes ☑ No If Yes, specify type below:			
☐ Bridge crössing ➡ Specify: O Cased O Uncased			
☐ Railroad crossing ➡ (Select all that apply) ○ Cased ○ Uncased ○ Bored/drilled			
☐ Road crossing ➡ (Select all that apply) O Cased O Uncased O Bored/drilled			
☐ Water crossing ➡ (Select all that apply) ○ Cased ○ Uncased ○ Bored/drilled			
Name of body of water (If commonly known):			
Approx. water depth (ft.): / // / / /			

PART C - ADDITIONAL FACILITY INFORMATION .
1. Indicate the type of pipeline system:  ☐ privately owned ☐ municipally owned ☑ investor owned ☐ cooperative ☐ Other  ☐ Specify:
2. Part of system involved in Incident: (select only one)  ☑ Main ☐ Service ☐ Service Riser ☐ Outside Meter/Regulator set ☐ Inside Meter/Regulator set ☐ Farm Tap Meter/Regulator set ☐ District Regulator/Metering Station ☐ Other
2a. Year "Part of system involved in Incident" was installed: / / / / / or 🗹 Unknown
<ol> <li>When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C. Question 2), provide the following:</li> <li>*3.a Nominal diameter of pipe (in):</li> </ol>
*3.b Pipe specification (e.g., API 5L, ASTM D2513): <u>Unknown</u>
3.c Pipe manufacturer:or 🗹 Unknown
3.d Year of manufacture: / / / / or ☑ Unknown
4. Material involved in Incident: ☐ Steel ☐ CastWrought Iron ☐ Ductile Iron ☐ Copper ☑ Plastic ☐ Reconditioned Cast Iron ☐ Unknown ☐ Other ➡ Specify:
4.a. If Steel ⇒ Specify seam type:or O None or □ Unknown
4.b. If Steel ⇒ Specify wall thickness (inches): I I.I I I I Or ☐ Unknown
4.c. f Plastic   Specify type: O Polyvinyl Chloride (PVC)   O Polypropylene (PE) O Cross-linked Polyethylene (PEX)  O Polybutylene (PB) O Polypropylene (PP) O Acrylonitrile Butadiene Styrene (ABS)  O Polyamide (PA) O Cellulose Acetate Butyrate (CAB)  O Other  O Unknown
4.d. If Plastic ⇒ Specify Standard Dimension Ratio (SDR): / / / / or wall thickness: / / / / / or ✓ Unknown
4.e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇒  Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) PE / / / / / or ☑ Unknown
5. Type of release involved: (select only one)
☐ Mechanical Puncture ➡ Approx. size: / / / / / /in. (axial) by / / / / /in. (circumferential)
☐ Leak ➡ Select Type: O Pinhole Crack O Connection Failure O Seal or Packing O Other
□ Rupture  Select Orientation: ○ Circumferential ○ Longitudinal ○ Other  Approx. size: / / / / / / / in. (widest opening) by / / / / / / / / / / / / / / / / / /
☑ Other ⇒ *Describe: Contractor damaged a 4" plastic main with a Trackhoe on a vacant lot.

PART D - ADDITIONAL CONSEQUENCE INFORMATION				
Class Location of Incident: (select only one)				
☐ Class 1 Location				
☐ Class 2 Location				
☐ Class 3 Location				
☐ Class 4 Location				
2. Estimated Property Damage:				
2.a Estimated cost of public and non-Operator private property damage	\$ <u>L                                    </u>			
2.b Estimated cost of Operator's property damage & repairs	\$ <u>4,089.32</u>			
2.c Estimated cost of Operator's emergency response	\$ <u>/ / / /,/ / / /,/ / /</u>			
2.d Estimated other costs	\$ <u>/                                   </u>			
Describe:				
2.e Total estimated property damage (sum of above)	\$ <u>!                                    </u>			
Cost of Gas Released				
Estimated cost of gas released     Total of all cost	\$ \$ <u>4,089.32</u>			
Estimated number of customers out of service:	¥ <u>1,000,02</u>			
3.a Commercial entities 3				
3.b Industrial entities / /, / / /				
3.c Residences <u>76</u>				
PART É - ADDITIONAL OPERATING INFORMATION				
Estimated pressure at the point and time of the Incident (psig):	60			
2. Normal operating pressure at the point and time of the Incident (psig):	60			
Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): / / / / / /				
4. Describe the pressure on the system relating to the Incident: (select only one)				
Pressure did not exceed MAOP				
☐ Pressure exceeded MAOP, but did not exceed 110% of MAOP ☐ Pressure exceeded 110% of MAOP				
	<del></del>			
PARTE - DRUG & ALCOHOL TESTING INFORMATION				
As a result of this Incident, were any Operator employees tested under the post	-accident dain and alcohol testing requirements of DOT's Drug			
& Alcohol Testing regulations?  No	account and an account country requirements of 50 1 5 Bridg			
O Yes   ⇒ 1.a Specify how many were tested:   1.b Specify how many failed:   1. 1  1. 1				
2. As a result of this Incident, were any Operator contractor employees tested und DOT's Drug & Alcohol Testing regulations?	er the post-accident drug and alcohol testing requirements of			
☑ No				
O Yes   ⇒ 2.a Specify how many were tested:				

More than the second of the se	and the second of the second of	and the second of the second o	Company and the second of the second of the second of the second of the second
G3 - Excavation Damage -	only one sub-cause can	pe picked from shaded left	Stiand column
☑:Excavation Dainage by Operators Gontractor (Second)	G.		
Party)			
Excavation Damage by Third Party			
Prévious Damage due to Excavation Activity		on ONLY IF the "Part of system of system of Service, or Service Riser.	stem involved in Incident" (from PART C,
	1. Date of the most rec	ent Leak Survey conducted	d: <u>/ / / / / / / / / / / / / / / / / / /</u>
	l e		since original construction at the point of the
	O Yes ⇔ M	Most recent year tested: [	<u>                                     </u>
A B & A B The second contraction of the second seco		O-N	0
Complete the following if Excavation Damage by Th	ird Party is selected.		
Did the operator get prior notification of the excavati	on activity?	O No	
3.a If Yes, Notification received from: (select all th	nat apply) 🗹 One-	Call System O Excavator	OContractor O Landowner
Complete the following mandatory CGA-DIRT Progra	m guestions if any Eyea	vation Damage sub-cause	o is salacted
Do you want PHMSA to upload the following information		•	☑ No
i. Right-of-Way where event occurred: (select all that		cga-dirt.com/: Ores	E NO
Public ⇒ Specify: ☑ City Street O		Road O Interstate Highw	vav O Other
	O Private Business (		,
☐ Pipeline Property/Easement ☐ Power/Transmission Line			
☐ Railroad ☐ Dedicated Public Utility Easement			
☐ Federal Land			
☐ Data not collected			
☐ Unknown/Other  i. Type of excavator: (select only one)			
✓ Contractor O County O Develo	oper O Farmer	O Municipality	O Occupant
O Railroad O State O Utility	O Data not c		O Unknown/Other
7. Type of excavation equipment: (select only one)			
O Auger	O Boring	O Drilling	O Directional Drilling
O Explosives O Farm Equipment	O Grader/Scraper	O Hand Tools	O Milling Equipment
O Probing Device O Trencher 8. Type of work performed: (select only one)	O Vacuum Equipment	O Data not collected	O Unknown/Other
O Agriculture O Cable TV	O Curb/Sidewalk	O Building Construction	O Building Demolition
O Drainage O Driveway	O Electric	O Engineering/Surveying	
☑ Grading O Irrigation O Natural Gas O Pole O P	O Landscaping	O Liquid Pipeline	O Milling
O Sewer (Sanitary/Storm) O Site Developme	ublic Transit Authority ent O Steam	O Railroad Maintenance O Storm Drain/Culvert	O Road Work OStreet Light
O Telecommunications OTraffic Signal	O Traffic Sign	O Water	O Waterway Improve
O Data not collected O Unknown/Other	•		

<ul><li>9.a If Yes, specify ticket number: <u>Not Avai</u></li><li>9.b If this is a State where more than a sir</li></ul>		Center exist	s, list the na	ame of the One-Call Cente	er notified:
Type of Locator: O Utility (	Owner 🗹 Co	ontractor L	ocator	O Data not collected	O Unknown/Other
Vere facility locate marks visible in the area of e	excavation?	O No	☑ Yes	O Data not collected	O Unknown/Other
Vere facilities marked correctly?	⊠N	o O Yes	O Data r	not collected	O Unknown/Other
Did the damage cause an interruption in service	?	O No	☑ Yes	O Data not collected	O Unknown/Other
13.a If Yes, specify duration of the interrup	otion: <u>5</u> ho	urs <u>00</u> min	ı		
Description of the CGA-DIRT Root Cause (selectice, the one predominant second level CGA-DI			nt first level	CGA-DIRT Root Cause ai	nd then, where available as
One-Call Notification Practices Not St					
O No notification made to the C Notification to One-Call Cente					
O Wrong information provided	F Mage, Dut no	t Sumcient			
■ Locating Practices Not Sufficient:	_(select only or	1e)			
O Facility could not be found/lo		•			
Facility marking or location n					
O Facility was not located or ma O Incorrect facility records/map					
O morrow rading recordsap	3				
Excavation Practices Not Sufficient: (	select only one	<del>;</del> )			
O Excavation practices not suff					
O Failure to maintain clearance	)				
OFailure to maintain the marks O Failure to support exposed fa	cilities				
O Failure to use hand tools whe					
O Failure to verify location by te	st-hole (pot-ho	ling)			
O Improper backfilling					
☐ One-Call Notification Center Error ☐ Abandoned Facility					
□ Deteriorated Facility					
☐ <u>Previous Damage</u>					
☐ <u>Data Not Collected</u>					
Other / None of the Above (explain)					

PART H - NARRATIVE DESCRIPTION OF THE INCIDENT (Attach additional sheets as necessary)			
A Third-Party Contractor damaged a 4' plastic main with a Trackhoe on a vacant lot during a stump removal			
process. Gas line was not correctly marked by PNG contr	actor.		
PART I PREPARER AND AUTHORIZED SIGNATURE			
		(704) 731-4680	
Christopher Ransome Preparer's Name (type or print)		Preparer's Telephone Number	
Pipeline Safety and Compliance Analyst Preparer's Title (type or print)			
Christopher.Ransome@duke-energy.com			
Preparer's E-mail Address		Preparer's Facsimile Number	
Farris Berry Authorized Signer		(704)- 731-4618	
-		Authorized Signer Telephone Number	
Manager- Pipeline Safety Authorized Signer's Title	D. 1. 1.00 10	Farris.Berry@duke-energy.com Authorized Signer's E-mail Address	
	Date: 1-28-19	-	